

## Open Enrollment Application

## 2013-2014 School Year



Deadline: March 1, 2013 September 1, 2013 for Kindergarten

A copy of the application must be sent to the sending and receiving districts.

Na	me of Student Date of Birth:	-	
1.	Grade Level for 2013-2014 2. Female Male	-	
3.	Parent/Guardian		
	Telephone  Note: It is helpful to have more than one number. H=home W=work C=cell		
Ado	dress_Street/Box City Zip County		
	Resident DistrictAttendance Center		
5.	District RequestedAttendance Center**Request does not guarantee place		
	Is this application a request to continue education in the former district of residence following a mov to a new district? Yes No		
7.	If the resident district has a diversity plan, please indicate if the applicant has a sibling currently undopen enrollment? If yes, please provide the following:  Sibling:  Name  District/School open enrolled		
8.	The student will be enrolled in the following (check all that apply):  Regular Education Special Education  Home School (CPI) Home School Assistance Program  Dual Enrollment – Academic Dual Enrollment – Activity Program		
9.	Is your child currently eligible for receiving special education services?  Yes No		
10.	O. Is your child currently being evaluated for special education services?  Yes No		
11.	Is the student currently under suspension or expulsion from school? No If yes, when will the suspension / expulsion be complete?		
12.	This section should be completed IF the application is being filed after March 1.		
	Qualifications for Good Cause Date of	of Change	
	<ul> <li>a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program</li> <li>b) Participation in foreign exchange program</li> <li>c) Failure of negotiations for reorganization or whole grade sharing</li> </ul>		

d) e)	Loss of accreditation or revocation of a pri Pervasive harassment or severe health. B occurring after March 1 or provide the nam familiar with the student.	riefly describe events ne of a district employee
	st for transportation assistance. Yesattach proof of income to application and nu	
	above information is true and I have sent a nt my child to attend.	copy of this form to my resident district and to the
Signature of	f Parent or Guardian	Date
CAUTION:	Knowingly providing false information on th	is form will invalidate the application.
<ul><li>a) Those resider</li></ul>		<u>District</u> n all applications (before or after March 1) except: condition that cannot be accommodated in
Date applic	ation was received:	
Approved:	Date	Signature of Superintendent
Denied	Date of School Board Action	Signature of Superintendent
	ndicate reason:  Request was not filed by March 1 and of the control of the c	
	Resident	<u>District</u>
Resident di	strict is taking action on this application bed Resident district has a diversity plan on Student alleges pervasive harassment Student has a severe health condition t	file with Department of Education. that began or escalated after March 1.
Date applic	ation was received:	
Approved:	Date	Signature of Superintendent
Denied:	Date of School Board Action	
If denied, ir	Date of School Board Action  Indicate reason:  Does not meet diversity plan criteria  Does not meet criteria for pervasive hally  Does not meet criteria for severe health	